



# TOWN OF MILLVILLE

## APPLICATION FOR TOWN COUNCIL MEMBER

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### QUALIFICATIONS FOR TOWN COUNCIL MEMBER:

1. BONA FIDE RESIDENT OF THE UNITED STATES
2. RESIDENT OF THE STATE OF DELAWARE
3. RESIDENT OF THE TOWN OF MILLVILLE FOR AT LEAST NINETY (90) DAYS\*\*
4. AT LEAST EIGHTEEN (18) YEARS OF AGE

**\*\*MUST PROVIDE PROOF OF RESIDENCY FOR AT LEAST 90 DAYS BY (1) CURRENT DRIVER'S LICENSE OR (2) UTILITY BILL.**

Filing Fee: \$100.00

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE FILED \_\_\_\_\_

**NOTE:** Form *must* be notarized if it is not completed in the office. Candidate Filing Forms are considered Public Information under the Freedom of Information Act (FOIA).

### (OFFICE USE ONLY)

#### For Office Use Only

Date Received by Mail/Hand:

\_\_\_\_\_

Received by:

\_\_\_\_\_

#### NOTARY INFORMATION

Subscribed and sworn to before me on the following date:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date